

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	SM		
O.I.P.E. CLASSIFIER			7 6 - 22 98
FORMALITY REVIEW		64934	6 30 98

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓ ✓ ✓ 6/5/98	1/27/00
2 ✓ ✓	10/27
3 ✓ ✓	
4 ✓ ✓ A	
5 ✓ N	
6 ✓ ✓ R	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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